

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/540644  
SERIAL NO.  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		7		7		51		51		51		
2							52		52		52		
3							53		53		53		
4							54		54		54		
5							55		55		55		
6							56		56		56		
7							57		57		57		
8							58		58		58		
9							59		59		59		
10							60		60		60		
11							61		61		61		
12							62		62		62		
13							63		63		63		
14							64		64		64		
15							65		65		65		
16							66		66		66		
17							67		67		67		
18							68		68		68		
19							69		69		69		
20							70		70		70		
21							71		71		71		
22							72		72		72		
23							73		73		73		
24							74		74		74		
25							75		75		75		
26							76		76		76		
27							77		77		77		
28							78		78		78		
29							79		79		79		
30							80		80		80		
31							81		81		81		
32							82		82		82		
33							83		83		83		
34							84		84		84		
35							85		85		85		
36							86		86		86		
37							87		87		87		
38							88		88		88		
39							89		89		89		
40							90		90		90		
41							91		91		91		
42							92		92		92		
43							93		93		93		
44							94		94		94		
45							95		95		95		
46							96		96		96		
47							97		97		97		
48							98		98		98		
49							99		99		99		
50							100		100		100		
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													